

## Certificate of Mailing Transmission (37 C.F.R. § 1.8(a))

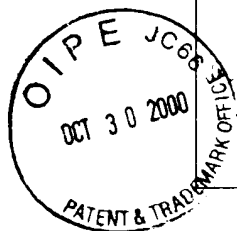
I hereby certify that this correspondence is, on the date shown below, being

## MAILING

deposited with the United States Postal Service as First Class Mail  
on the date indicated below in an envelope addressed to the  
Assistant Commissioner for Patents, Washington, D.C. 20231Date October 20, 2000

## FACSIMILE

transmitted by facsimile to the Patent and Trademark Office

Name of Person Certifying Carol M. Gruppi

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Cabot et al.,

Assignee: John Wayne Cancer  
Institute

Serial No.: 09/439,293

Examiner: J. Zara

Filing Date: November 12, 1999

Group Art Unit: 1635

Title: Methods of Reversing Drug Resistance in Cancer Cells

Assistant Commissioner for Patents  
Washington, D.C. 20231

## RESPONSE &amp; FEE TRANSMITTAL

Sir:

In response to the Office Action mailed on June 5, 2000, enclosed herewith for filing are the following:

- ☐ An Amendment Under 37 CFR § 1.111 [8] page(s)

Also included are:

- ☐ A Petition for Extension of Time [3] months [2] page(s)
- ☐ Other:
1. Paper Copy of Sequence Listing (1 page) (Exhibit A);
  2. Computer Readable Form of Sequence Listing (1 disk) (Exhibit B)
  3. Statement (1 page) (Exhibit C)
- ☐ Return Postcard

Fee Calculation						
<input checked="" type="checkbox"/> The following fees are submitted:						CALCULATIONS
EXTRA CLAIMS FEE				OTHER THAN SMALL ENTITY	SMALL ENTITY	\$
CLAIMS	CURRENT #	# OF CLAIMS PREVIOUSLY PAID	# EXTRA	RATE	RATE	
Total Claims	16--	20	0	× \$18.00	× \$9.00	\$0.0
Independent claims	3--	3	0	× \$80.00	× \$40.00	\$0.0
MULTIPLE DEPENDENT CLAIM(S)						
<input type="checkbox"/> Yes <input type="checkbox"/> No				\$270.00	\$135.00	\$0.0
Petition for Extension of Time Fee (3 months)						\$445.00
OTHER FEES _____ (specify)						\$
<b>TOTAL FEES =</b>						<b>\$445.00</b>

- ☐ Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.
- ☐ A check in the amount of \$ \_\_\_\_\_ to cover the above fees is enclosed.
- ☐ Please charge Deposit Account No. 50-1189, Docket No. 21144-706, in the amount of \$445.00 to cover the above-fees. *A duplicate copy of this sheet is enclosed.*
- ☐ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1189, Docket No. 21144-706. *A duplicate copy of this sheet is enclosed.*

Respectfully submitted,

By: \_\_\_\_\_

Carol M. Gruppi  
Registration No.: 37,341

Dated: October 26, 2000Mailing Address:

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